

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/ FILED
Jun 02, 2008 8:00 am
Secretary of State

04-28-2008 90031 021 ***138.75

DOCUMENT # L07000110506 1. Entity Name 55 MERRICK CRIMSON, LLC					
Principal Place of Business 901 PONCE DE LEON BLVD. SUITE 700 CORAL GABLES, FL 33134			Mailing Address 901 PONCE DE LEON BLVD. SUITE 700 CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			02262008 Chg-LLC CR2E083 (12/06) 4. FEI Number 26-1407757 Applied For ☐ Not Applicable ☐		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BSPA CORPORATE SERVICES, INC. 350 E. LAS OLAS BLVD. SUITE 1000 FT. LAUDERDALE, FL 33301			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when retreating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TIEN, YIFE 901 PONCE DE LEON BLVD., SUITE 700 CORAL GABLES, FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____		4/24/08 305-446-0600 Date Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

ATTACHMENT

30008498

#C07000110506

FEDERAL EMPLOYER IDENTIFICATION NUMBERS

55 Merrick Lilac, LLC 26-1407649

55 Merrick Magenta, LLC 26-1407703

55 Merrick Crimson, LLC 26-1407757

55 Merrick Amber, LLC 26-1407808

55 Merrick Azul, LLC 26-1407860

55 Merrick Verdes, LLC 26-1407907
